

Dr APJ ABDUL KALAM SKILL INDIA MISSION

FORM NO.

CENTRE CODE

REGD NO



Photo

ADMISSION FORM

Course Duration from _____ to _____

Name of the Institution & Address _____

1. I beg to apply for admission to Course _____

2. Name in full (in Block Letters) _____

3. Father's Name in full : _____

4. Mother's Name in full : _____

5. Permanent Address in full : Vill. / Town : _____

P.O. _____ P. S. _____ District _____

State _____ Pin _____

6. Mobile No. _____ mail _____ (mandatory)

7. Duration _____ Tel / Mob. No. _____

8. Date of Birth _____ (According to Admit Card of SSLC Exam).

9. Nationality _____ Religion _____

10. Married ☐ Unmarried ☐ Male ☐ Female ☐

11. Qualification. _____

(a) I declare that all the particulars and entries in the form are true to the best of my knowledge and belief.

(b) If admitted, I undertake to abide by the rules, regulations and orders of the College and Hostel authority.

Signature of Parents / Guardian (in full)

Signature of the applicant (in full)

FOR OFFICE USE

Documents Verified

Asstt. Lecturer

Principal
